

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14852

State File No. 14852

FILED MAY 12 1953

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>WAGAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAGAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WAVERLY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WAVERLY</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOULIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>STIRLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 27-1879</u>
9. AGE (In years last birthday) <u>74</u>		10. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>La Monte Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Hampton Fisher</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Merrill</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Van Stirlen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalized</u> DUE TO (c) <u>gangrene of foot</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 wks</u> <u>7 wks</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/53 to 5/3/53 that I last saw the deceased alive on 5/1/53 and that death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jordan Stelling M.D.</u>	23b. ADDRESS <u>Waiverly, Mo</u>	23c. DATE SIGNED <u>5/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Monte cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>La Monte Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Moore La Monte Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 4-1953</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.